

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18101**

FILED JUN 10 1946

Registration District No. **256**

Primary Registration District No. **2001**

Registrar's No. **292**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Jasper**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **114 N. Wall St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **13 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

HERBERT G. DOWLING

3. (b) If veteran, name war

3. (c) Social Security **482-20-6165**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife

7. Birth date of deceased **Feb. 1, 1868** (Month) (Day) (Year)

8. AGE: Years **75** Months **3** Days **21** If less than one day .hr. min.

9. Birthplace **Unknown** (City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

12. Name **no record**

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rula Coe**

(b) Address **2309 E. Central Wichita, Kas**

17. (a) **removal** (b) Date thereof **5-24-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cem Charlotte, Kas**

18. (a) Signature of funeral director **Chamwell Dillon Mortuary**

(b) Address **424 N. Wall St. Jasper**

19. (a) **5-28-43** (Date received local registrar) (b) **Herbert Dowling** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Jasper** (If outside city or town limits, write "RURAL")
(d) Street No. **311 1/2 main st** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **—**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **21** year **1943** hour **8:30** minute **A** M.

21. I hereby certify that I attended the deceased from **1940** to **1943** that I last saw him **alive** on **May 21, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**
did suddenly

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **A. Webster** (Specify type of place) (e) Means of injury **Coronary**
Address **Carthage Mo** (M. D. or other) Date **May 21, 43**

43-5-476

B.S.R.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

David Dillon

Licensed Embalmer No. *3898*

P. O. Address *Joplin, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.